## POWER OF ATTORNEY By Assigne

<u>NxSTAGE Medical, Inc.</u>, assignee(s) of the application for United States Letters Patent for an improvement in

## HEMODILUTION CAP AND METHODS OF USE IN BLOOD-PROCESSING PROCEDURES by BURBANK et al.,

| <b>2, 20.12.</b> ii. ii. <b>3.</b> iii.  |
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| the specification of which:  |
| ⊠ is filed herewith, OR □ was filed on , having U.S. Patent Application Serial No. ,   |
| does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 22249: |
| LYON & LYON LLP Suite 4700 633 W. Fifth Street Los Angeles, CA 90071 (949) 567–2300 or (213) 489–1600  |
| Please send all inquiries to John Kappos, at the above Customer Number.  |
| I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:   |
| is filed for recordation herewith; or  |
| Full Name of Assignee: NxSTAGE Medical, Inc.   |
| Post Office Address: 439 South Union Street, 5th Floor, Lawrence, MA 01843   |
| Signature of Declarant or Assignee:    Date:     June 11, 2001   |
| Full Name of Declarant   |
| If Other Than Assignee: Jeffrey H. Burbank   |
| Title of Declarant: Chief Executive Officer  |
| Address of Declarant: 439 S. Union St., 5th Floor, Lawrence, MA 01843  |